

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

347
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-5630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5-8-01

L. Scarp
#4 99988
#1000
KSS

1010688

1. NAME Dicharry Christopher J.
Last First MI

2. BUSINESS PHONE 225-382-3492

3. BUSINESS ADDRESS 22nd Floor, ONE American Place, BATON Rouge, LA 70825
Street and No. City State Zip

MAILING ADDRESS SAME
Street and No. City State Zip

4. EMPLOYER KEAN, MILLER

5. EMPLOYER'S ADDRESS 22nd Floor, ONE American Place, BATON Rouge, LA 70825
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not this client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name The Williams Companies, Inc.
Address P.O. Box 2400, TULSA, OK 74102

Business or purpose NATURAL GAS PIPELINE

☒ New Representation
Does this person pay you? No

If No, who pays you? Kean, Miller

☐ Terminated Representation as of _____

HAND DELIVERED

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2. Name _____
 Address _____
 Business or purpose _____
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
 Address _____
 Business or purpose _____
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


 Signature of Lobbyist